

STATEMENT OF ECONOMIC INTERESTS

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2011 FEB 25 11:50
COVER PAGE



FEB 24 2011

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rubio Michael J.

1. Office, Agency, or Court

Agency Name

California State Senate

Division, Board, Department, District, if applicable

Your Position

Senator, 16th District

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____ through December 31, 2010.

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date _____

☐ The period covered is _____ through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

Date Signed February 23, 2011
(month, day, year)

Signature

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
 Name _____
 Michael J. Rubio

► STREET ADDRESS OR PRECISE LOCATION _____

CITY _____

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

_____/_____/10 ____/____/10

ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____

☐ _____

Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE	TERM (Months/Years)
_____ % <input type="checkbox"/> None	_____

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Clinica Sierra Vista</u>	NAME OF SOURCE OF INCOME <u></u>
ADDRESS <i>(Business Address Acceptable)</i> <u>1430 Truxtun Ave., # 400, Bakersfield, CA 93301</u>	ADDRESS <i>(Business Address Acceptable)</i> <u></u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Dental Office</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u></u>
YOUR BUSINESS POSITION <u>Registered Dental Hygienist</u>	YOUR BUSINESS POSITION <u></u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <div style="text-align: center; font-size: small;"><i>(Property, car, boat, etc.)</i></div> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <u></u> <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;"><i>(Describe)</i></div>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <div style="text-align: center; font-size: small;"><i>(Property, car, boat, etc.)</i></div> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <u></u> <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;"><i>(Describe)</i></div>

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER		

HIGHEST BALANCE DURING REPORTING PERIOD		
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		
	SECURITY FOR LOAN	
	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	
		Street address

		City
	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____	
		(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Michael J. Rubio

► NAME OF SOURCE
Western States Petroleum Association (WSPA)
 ADDRESS (Business Address Acceptable)
1415 L Street, Suite 600, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 5 / 10	\$ 290.80	Lodging & Meals
/ /	\$	
/ /	\$	

► NAME OF SOURCE
California Democratic Party
 ADDRESS (Business Address Acceptable)
1401 21st Street, Suite 200, Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 5 / 10	\$ 170.57	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Mayor Harvey Hall
 ADDRESS (Business Address Acceptable)
1001 21st Street, Bakersfield, CA 93301
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 8 / 10	\$ 105.98	plant
/ /	\$	
/ /	\$	

► NAME OF SOURCE
California Issues Forum
 ADDRESS (Business Address Acceptable)
1717 I Steet, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 10	\$ 835.00	Lodging, food, transpo
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Congressman Jim Costa
 ADDRESS (Business Address Acceptable)
855 M Street, Suite 940, Fresno, CA 93721
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 10	\$ 231.57	Plant
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____